

# COORDINATED SCHOOL HEALTH COMMITTEE

Most schools have some or all of the eight components already in place, but often the individuals responsible for each of the components work in isolation, only focusing on their own program or role responsibilities. Leadership at both the school level and district level is critical for consistent and ongoing support of a coordinated school health program. In the Health is Academic chapter, “Implementing Coordinated School Health Programs in Local Schools,” Fetro encourages schools to develop a Coordinated School (CSH) Committee:

The responsibilities of a Health School Team could include assessing student, family, and staff needs; mapping existing school and community resources that could contribute to a coordinated school health program; identifying gaps and duplications; developing actions plans; and monitoring implementation. An existing advisory or planning group—for example, a school council, student study team, student assistance team, safe school planning team, or crisis response team—may take on this role.<sup>(5)</sup>

The Health School Team (CHS committee) should consist of “students, parents and other caregivers, community representatives, and key school staff” Examples of “key school staff” include, but are not limited to: school nurses, health educators, physical educators, school counselors, school social workers, school psychologists, family resource/youth service centers, drug and alcohol prevention coordinators, food service staff, liaisons with parents and youth”<sup>(2)</sup>

The Coordinated School Health staff at the Kentucky Department of Education is available to provide technical assistance and consultation to districts, schools, and their communities to identify the school health gaps, needs, and interests by helping to develop a school health committee or council.